

Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED

N.C. Dept. of ENR

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I. D. Number **MAY 7 1992**
Date **Winston-Salem**

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Nations Bank
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 1 Independence Center
N. Tryon Street 109-8
County: Mecklenburg County
City: Charlotte State: NC Zip Code: 28255
Tele. No. (Area Code): (704) 386-8482

II. LOCATION OF TANK(S)

Facility Name or Company Nations Bank
Facility ID # (if available) N/A
Street Address or State Road: 1823 Banking Street
County: Guilford City: Greensboro Zip Code: NC
Tele. No. (Area Code): (704) 386-8482

III. CONTACT PERSON

Name: Lorry Courtney Job Title: Vice President Telephone Number: (704) 386-8482

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: FOUR SEASONS INDUSTRIAL SERVICES, INC.
Address: P O BOX 16590 State: GREENSBORO, NC Zip Code: 27416-0590
Contact: MICHAEL G. STONEMAN Phone: (919) 273-2718

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

| TANK ID# | TANK CAPACITY | LAST CONTENTS | PROPOSED ACTIVITY | | |
|-----------|---------------|-----------------|-------------------------------------|--------------------------|---------------------|
| | | | CLOSURE | | CHANGE-IN-SERVICE |
| | | | Removal | Abandonment In Place | New Contents Stored |
| <u>#1</u> | <u>6,000</u> | <u>Kerosene</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
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VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
MICHAEL G. STONEMAN (CORPORATE UST PROGRAM MANAGER)

*Scheduled Removal Date: ~30 days

Signature: Michael G. Stoneman FSIS 1

Date Submitted: 5-1-92

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.